Photography Consent/Model Release Form

EUREKA! Summer Honors Research Program

I, _________________________________________________

Name (PLEASE PRINT)

Do hereby grant permission to the Clemson University EUREKA! Summer Honors Research Program and its employees or representatives, to take and use: photographs, videotape and/or digital images of me/my child for use in promotional or educational materials pertinent to the EUREKA! Summer Honors Research Program as follows:

- In printed publications or materials
- In electronic publications or presentations
- On the Clemson University website (www.clemson.edu)

I agree that my/my child’s identity (circle one):

may be revealed

may not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me/my child. All negatives, positives, prints, digital reproductions and videotape shall be the property of EUREKA! Summer Honors Research Program and Clemson University.

________________________________________
Name (PLEASE PRINT)

_______________________________________
Signature ________________________________

Date

________________________________________
Address City, State, Zip

If participant is under the age of 18, his or her parent or legal guardian must also sign:

I, (printed name)______________________________________________, am the parent or legal guardian of the participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the ACTIVITIES described above, and I fully enter into and agree to the above Assumption of Risk and Release from Liability.

______________________________________________
SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date Signed ________________________________

Signature witnessed by:

Witness ________________________________

Date Signed ________________________________